Approved for use through 09/30/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/747,728 Filing Date TRANSMITTAL 12-29-2003 First Named Inventor **FORM** Marvin J. Willilams, Jr. Art Unit 3643

(to be used for all correspondence after initial filing)

Examiner Name

Attorney Docket Number

Jeffrey Gellner

| Tota | I Number of | Pages in Th | is Submission | 287 | \perp' | Attorney Docke | et Number | | | |
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| V | | Fee Transmittal Form | | | Drawing(s) Licensing-related Papers | | · | | | After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | | | | |
| Firm Name Law Office of Adrienne B. Naumann | | | | | | | | | | |
| Signature Cell B Manne | | | | | | | | | | |
| Printed name Adrienne B . Naumann, Esq. | | | | | | | | | | |
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313.1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Adrienne B . Naumann, Esq.

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PTO/SB/17 (07-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. ant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/747,728 RANSMIT Filing Date 12-29-2003 For FY 2007 First Named Inventor Marvin J. Williams, Jr. **Examiner Name** Jeffrey Gellner Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3643 TOTAL AMOUNT OF PAYMENT 60.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity **Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 300 500 100 Utility 150 250 130 200 100 100 50 65 Design 200 100 300 150 160 80 Plant 300 150 500 600 300 250 Reissue 0 0 0 Provisional 200 100 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Total Claims Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee Paid (\$) **Extra Claims** Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3.

Submitted by

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